

Exhibit A

A REGIONAL DEFENSE LITIGATION LAW FIRM

MARSHALL, DENNEHEY, WARNER, COLEMAN & GOGGIN

A PROFESSIONAL CORPORATION www.marshalldennehey.com

1220 N. Market St., 5th Floor, P.O. Box 8888 • Wilmington, DE 19899-8888
(302) 552-4300 • Fax (302) 651-7905

Direct Dial: (302)552-4323
Email: econde@mdweg.com

June 14, 2004

BY CERTIFIED MAIL

Erik C. Grandell, Esquire
1020 W. 18th Street
Suite 2
P.O. Box 2207
Wilmington, DE 19802

Re: Marlayna Tillman v. Pepsi Bottling Group
Our File No.: 06175-00465
IAB Hearing No.: 1242671
DOL: 11/06/03

Dear Mr. Grandell:

Enclosed please find Sedgwick CMS check number 0005552016 in the amount of \$4,934.99 payable to Marlayna Tillman. This check compensates your client for 11/06/03 through 4/18/04. Acceptance of this check represents acknowledgement of payment in full pursuant to the settlement in this case. Also enclosed is check number 0005552020 in the amount of \$3,790.29 for attorney fees.

Please direct your client to execute and return the enclosed Agreements and Receipts for Temporary Total Disability. Upon receipt of the executed documents we will file them with the Board. If you have any questions please do not hesitate to call. Thank you.

Very truly yours,

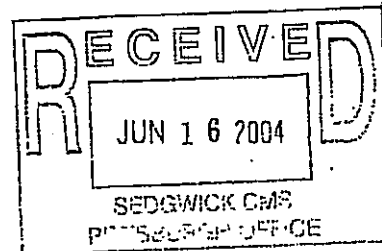


Erika Conde
Paralegal

/ec

Enclosures

cc: Christine Miller, Sedgwick Ins.
Claim No. A364618584



PENNSYLVANIA
Bethlehem
Doylestown
Erie
Harrisburg
Newtown Square
Norristown
Philadelphia
Pittsburgh
Scranton
Williamsport

NEW JERSEY
Cherry Hill
Roseland

DELAWARE
Wilmington

OHIO
Akron

FLORIDA
Ft. Lauderdale
Orlando
Tampa



Sedgwick Claims Management Services, Inc
600 GRANT STREET
USX TOWER, STE 2944
PITTSBURGH, PA 15219-2703

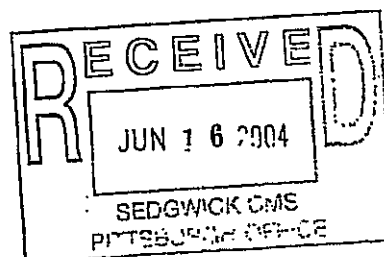
DATE	CHECK AMT	CHECK NO.
06/11/2004	4,934.29	0005552016
PAYEE	TAX ID	
MARLAYNA TILLMAN		

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

*000016 0005552016 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
Attn: Christine O'Connor
1220 N. Market St. 5th fl PO Box 8888
Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 4934.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01	
Description: Lump Sum-Temporary Disability Comment: Disability bfts owed			



ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL RESISTANT PAPER WITH INFORMATIONAL SECURITY - DO NOT CARRY IF THE WORD VOID IS VISIBLE

Sedgwick Claims Management Services, Inc
on behalf of Reps: Bottling Group

ORIGIN: 64618967 DATE: 06/11/2004 CHECK NO: 0005552016

PAY *FOUR THOUSAND NINE HUNDRED THIRTY FOUR*
AND 29/100 DOLLARS

TO: MARLAYNA TILLMAN
THE

ORDER OF: First Union Bank of Delaware
Wilmington, DE

VOID AFTER 60 DAYS

4934.29

Signature: Donald W. Brinkley

⑈0005552016⑈ ⑈031100225⑈ 2079950059703⑈

Sedgwick Claims Management Services, Inc
 600 GRANT STREET
 USX TOWER, STE 2944
 PITTSBURGH, PA 15219-2703

DATE	CHECK AMT	CHECK NO.
06/11/2004	3,790.29	0005552020

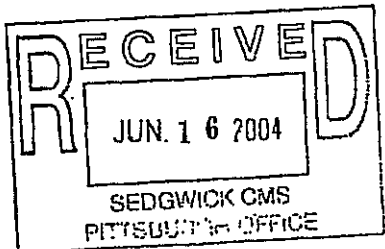
PAYEE	TAX ID
BEVERLY L BOVE	510370163

SCMS UNIT	PAGE
646 Sedgwick Claims Management Services	001

*000018 0005552020 001 OF 001 OPM 040610 1426

Marshall, Dennehey, Warner, Coleman & Go
 1220 N. Market St., 5th fl. PO Box 8888
 Wilmington, DE 19899-8888

Claimant Name	Loss Date	Claim Number	SSN
TILLMAN, MARLAYNA G. Amt Paid: 3790.29 Amt Billed: 3790.29 Dates: 11/06/2003 - 04/18/2004	11/06/2003	A364618584-0001-01 Description: Claimant Legal Expense (Indemnity) Invoice: ICN: A364618584000101 Comment: Atty fee's for Malayna Tillman	



E1991.FRM (02-28-4)

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - DO NOT CASH IN THE WORLD WIDE IS VISIBLE.

Sedgwick Claims Management Services, Inc
 on behalf of Pepsi Bottling Group

DATE: 06/11/2004 CHECK NO: 0005552020

PAY TO THE ORDER OF: BEVERLY L BOVE

AMOUNT: \$3790.29

THREE THOUSAND SEVEN HUNDRED NINETY AND 29/100 DOLLARS

VOID AFTER 60 DAYS

Druid W. Buckner

⑈0005552020⑈ ⑆031100225⑆ 2079950059703⑈

CASE FILE NO. 1242671
CARRIER FILE NO. A364618584STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
AGREEMENT AS TO COMPENSATIONEmployee MARLAYNA TILLMAN
Address P.O. BOX 688
CLAYMONT, DE 19802Employer PEPSI BOTTLING GROUP
Address 3501 GOVERNOR PRINTZ
BELLEFONTE, DE 19809Insurance Carrier/Self-insurer SEDGWICK CMS
Address US STEEL TOWER
600 GRANT STREET, SUITE# 2944
PITTSBURG, PA 15219Third party Adjuster _____
Address _____

The above have reached an agreement in regard to compensation for the injury sustained by said employee and submit the following statement of facts relative thereto:

Date of Injury 11/06/03 Date Disability Began 11/06/03
Cause/Place of Accident SEE FIRST REPORT OF INJURY
Nature/Part of Body RIGHT KNEE & CALF
Probable Length of Disability (if known) 11/06/03- 4/18/04

The terms of this agreement under the above facts are as follows:

This agreement is for (check all that apply) ☒ Total Disability ☐ Temporary Partial Disability
☐ Permanent Partial Disability ☐ Disfigurement ☐ Commutation ☐ Medical Only
☐ Salary In Lieu of Workers' Compensation

*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM DISABILITY RECEIVED***

That the said MARLAYNA TILLMAN shall receive compensation at the rate of \$440.00 per week based upon an average weekly wage of \$660.00 and that said compensation shall be payable ☐ weekly ☐ bi-weekly ☒ LUMP SUM monthly other (specify) from and including the 6th of NOVEMBER 2003 until APRIL 18, 2004.

BENEFITS FOR TOTAL/PARTIAL DISABILITY, (LOST WAGES) SHALL REQUIRE YOU TO ADVISE THE NAMED CARRIER/SELF-INSURED/THIRD PARTY ADJUSTER OF ANY CHANGE IN EMPLOYMENT STATUS AND/OR DISABILITY. FAILURE TO NOTIFY A CHANGE OF STATUS IS PUNISHABLE PURSUANT TO TITLE 18, DELAWARE CODE, CHAPTER 24, AND/OR TITLE 11 DELAWARE CODE, SECTION 913.

Witness _____
(signature)Employee _____
(signature)

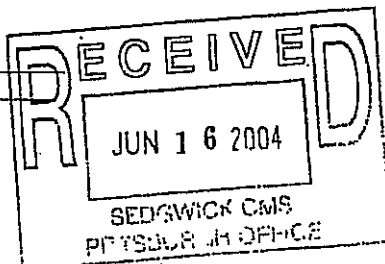
Address: _____

Adjuster/Attorney _____
(signature)Phone Number _____
Date of Agreement _____

For Accounting Use Only:

Approved by: _____

Date of Approval: _____



CASE FILE NO. 1242671
CARRIER FILE NO. A364618584

STATE OF DELAWARE
OFFICE OF WORKERS' COMPENSATION
RECEIPT FOR COMPENSATION PAID

DATE: June 14, 2004

Received of SEDGWICK CMS the sum of \$12,634.29*, making in all the total sum of \$12,634.29
in settlement of compensation due for the TEMPORARY TOTAL * disability of MARLAYNA TILLMAN,
which began on 11/06/03, and terminated on 4/18/04.

*28.71 weeks of benefits at a
compensation rate of \$ 440.00
*** LESS A CREDIT OF \$7,700.00 FOR SHORT TERM
DISABILITY RECEIVED***
** RIGHT KNEE & CALF

Employee Signature

Address:

Your signature on this receipt will terminate your rights to receive the workers' compensation benefits specified above on the date indicated. This form is not a release of the employer's or of the insurance carrier's workers' compensation liability. It is merely a receipt of compensation paid. The claimant has the right within five years after the date of the last payment to petition the Office of Workers' Compensation for additional benefits.

